



The Commission on
Women, Children, Seniors, Equity & Opportunity
CWCSEO
Connecticut General Assembly

**Testimony of the Commission on Women, Children, Seniors, Equity & Opportunity
Presented to the Human Services Committee
Tuesday, February 14th, 2023, at 11 AM in Room 2C of the LOB**

In Support of HB 6616, PHB 6517 and HB 6629

Good morning, Senator Lesser, Representative Gilchrest, Senator Seminara, Representative Case, Senator Gaston, Representative Dathan and other distinguished members of the Human Services Committee. The *Commission on Women, Children, Seniors, Equity & Opportunity* (CWCSEO) is in full support of HB 6616 "*An Act Concerning Expansion of HUSKY Health Benefits to those Ineligible due to Immigration Status*", PHB 6517 "*An Act Providing Medicaid Coverage for Certified, Registered Dietitian-Nutritionist (RDN) Services Providing Medical Nutritional Therapy*" and HB 6629 "*An Act Concerning Temporary Family Assistance*."

HB 6616 AN ACT CONCERNING EXPANSION OF HUSKY HEALTH BENEFITS TO THOSE INELIGIBLE DUE TO IMMIGRATION STATUS

The Commission is highly supportive of the legislature's recent incremental approach to expand eligibility requirements for medical coverage to a broader range of families that reside in Connecticut without immigration status. As a matter of fact, current law requires the Department of Social Services to provide health care coverage for prenatal and postpartum care to immigrant women after they have given birth and as of January of this year, Connecticut already allows all income-eligible children under the age of 12 to have access to health care coverage regardless of their immigration status.

The strategy to support infants and their mothers has been widely adopted with bipartisan support around the country, including states like Texas, Arkansas, and Louisiana. Conversely, six states in the U.S., including neighboring states such as New York and Massachusetts, provide this crucial health care coverage to all children regardless of immigration status. Most impressively, Illinois decided to cover adults 65 and older, regardless of immigration status with public insurance and California covers all immigrants up to age 26 in their Medicaid program.

HB 6616, if adopted by the CGA, would expand medical assistance to otherwise eligible persons up to 25 years of age regardless of immigration status. Again, current law allows State HUSKY A and HUSKY B to provide coverage to uninsured children ages 0-12 with a household income between 0-323% of the Federal Poverty Level (FPL), who do not qualify for regular HUSKY A Medicaid or HUSKY B CHIP coverage because they do not have a qualifying immigration status. That's an income of \$41,603 for a household of one, or \$85,595 for a household of four.



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This strategy highlighted above is important because immigrants who do not have a legal immigration status are less likely than U.S. citizens to have health care coverage. This is in part due to fewer interactions with the health care system, and the impact of past immigration policies. Children's access to health care is critical to society, for reasons that stretch beyond children's immediate health and well-being. Whether or not children can access high quality health care has implications for their ability to perform in school, to participate in the workforce as adults, and for the prevalence of high-cost chronic conditions among adults in the future.

Note: "The Connecticut General Assembly enacted legislation (PA 21-176, § 1 & 3) to help address issues with access to health care by immigrant populations. Pursuant to this legislation, as amended by PA 22-118, § 232 – 233, the Department of Social Services will be adding state funded eligibility groups, i.e., State HUSKY A for Children and State HUSKY B for Children, effective January 1, 2023. These new coverage groups will allow children ages 0-12 who are not citizens or qualified non-citizens (that is, individuals who do not qualify for Medicaid due to immigration status, e.g., those without a legal immigration status or "undocumented" individuals) to receive the equivalent of full Medicaid or Children's Health Insurance Program (CHIP) benefits, respectively. If enrolled in one of the new state funded groups for at least one day prior to age 13, children will be eligible to apply or renew coverage in the State HUSKY A or State HUSKY B groups through the age of 18 even if there was a gap in coverage." Source: DSS Provider bulleting 2022-85 December 2022.

CWCSEO, again, highly recommends passage of HB6616 as we are of the researched opinion that preventive health care for all has the potential to help Connecticut avoid more expensive emergency room visits. A hand up approach, which will benefit a share of about 130,000 working families residing in Connecticut without immigration status.

PHB 6517 AN ACT PROVIDING MEDICAID COVERAGE FOR CERTIFIED, REGISTERED DIETITIAN-NUTRITIONIST (RDN) SERVICES PROVIDING MEDICAL NUTRITION THERAPY

During the previous legislative session, the Connecticut General Assembly authorized the Commissioner of Social Services to amend the Medicaid state plan to add services provided by a licensed naturopath effective not later than October 1, 2022.¹ Our Commission supported that concept² and applauds the Human Services Committee for proposing Medicaid coverage for certified, registered dietitian-nutritionist services to provide nutrition therapy. These concepts,

¹ See, PA 22-118, §247. <https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00118-R00HB-05506-PA.PDF>

² See, CWCSEO 2022 testimony for S.B. 280. <https://cga.ct.gov/2022/HSdata/Tmy/2022SB-00280-R000310-Commission%20on%20Women,%20Children,%20Seniors,%20Equity%20-%20Opportunity-TMY.PDF>



along with the work of the Connecticut Food is Medicine Workgroup demonstrate the important recognition of the preventative outcomes achievable through nutrition interventions. **Permitting the ability for RDN services for Medicaid beneficiaries could help address the costly outcomes of chronic conditions through prevention and managing medical diagnoses of many ailments including obesity, diabetes, cancer, malnutrition and heart disease among others.**³

HB 6629 AN ACT CONCERNING TEMPORARY FAMILY ASSISTANCE

The Commission is in full support of HB 6629, “*An Act Concerning Temporary Family Assistance*”, which will extend the time limit for TFA receipt from 21 months to 60 months, in accordance with federal guidelines, and implement a more gradual decrease in benefits for a recipient who would otherwise lose entire benefits once earnings exceed the federal poverty level.

Connecticut is currently an outlier among states, setting a lifetime limit of 21 months of temporary family assistance benefits, with extensions under certain circumstances. As of 2020, Connecticut’s 21-month lifetime limit was the second shortest in the nation (to Arizona’s 12-month limit). All other states have longer lifetime limits, and 36 states have extended benefits to the full 60-month federal limit, as this bill would do.⁴

Due to the current workforce shortage in healthcare and other sectors in Connecticut, this is the perfect time to revisit the question of expanding time limits for TFA. One benefit of expanding time limits is providing adequate time for completion of workforce training and development initiatives. Additionally, workforce training programs may allow recipients to begin to build a financial foundation to successfully exit state assistance as an economically self-sufficient family.

As part of a recent collaborative TFA policy review, the Connecticut Association for Human Services, Hartford Legal Aid, Healthy Start, and CWSCEO conducted a series of qualitative interviews with CT TFA recipients who spoke to the need for the changes proposed in this bill. In one interview, an experience was shared where a person had signed up for a workforce training that was consistently delayed due to means beyond their control. This person ultimately timed out of TFA support and was unable to complete the workforce training due to losing all

³ See, How Nurses Help Fight the Obesity Epidemic, Western Governors University.

<https://www.wgu.edu/blog/how-nurses-help-fight-obesity-epidemic1811.html>

⁴ See, Welfare Rules Databook: State TANF Policies as of July 2020, The Urban Institute.

<https://www.urban.org/sites/default/files/2022-03/Welfare%20Rules%20Databook-%20State%20TANF%20Policies%20as%20of%20July%202020.pdf>



benefits. The adoption of this bill as so amended will work to prevent this situation from happening to another family in need.

Benefit cliffs are also a disincentive for recipients. In the CT TFA interviews referenced above, a recipient shared a personal story of their benefits being abruptly terminated because they made just \$5 over the federal poverty limit. It is important to note that while this is one person's story, it is not an individual experience given the way Connecticut law is currently written. **HB 6629, if adopted, will allow for a gradual benefit decrease, which will promote opportunity for recipients to gain some financial stability and further the TFA goal of ending dependence on government benefits.**⁵

The Commission fully supports the passage of HB 6629, which, if adopted, would actively promote workforce development and future financial independence for its constituents. Moreover, this bill would provide a path to financial security to families in need and allow time for steps such as workforce development and financial independence to develop.

We appreciate the leadership of the Human Services Committee on these critically important issues.

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⁵ See, DSS website, Economic Security – Financial Assistance. <https://portal.ct.gov/DSS/Economic-Security/Economic-Security---Financial-Assistance>